

## Appendix B

# Recommended Consumer Contribution Schedule

NC Division of Aging and Adult Services  
Recommended Contribution Schedule  
Based on the 2015 US Poverty Guidelines

Service Recipient's Name: \_\_\_\_\_

Service #1 \_\_\_\_\_ Rate \$ \_\_\_\_\_ Service #2 \_\_\_\_\_ Rate \$ \_\_\_\_\_

Service #3 \_\_\_\_\_ Rate \$ \_\_\_\_\_

**% of Poverty	Monthly Income of:		Suggested Percentage of the Cost of Service	Recommended Contribution Amount per Unit of Service		
	Individual	Couple		Service #1	Service #2	Service #3
100%	\$981 - \$1,225	\$1,328 - \$1,658	10%			
125%	\$1,226 - \$1,470	\$1,659 - \$1,990	20%			
150%	\$1,471 - \$1,715	\$1,991 - \$2,322	30%			
175%	\$1,716 - \$1,961	\$2,323 - \$2,654	40%			
200%	\$1,962 - \$2,206	\$2,655 - \$2,986	50%			
225%	\$2,207 - \$2,451	\$2,987 - \$3,318	60%			
250%	\$2,452 - \$2,696	\$3,319 - \$3,650	70%			
275%	\$2,697 - \$2,942	\$3,651 - \$3,982	80%			
300%	\$2,943 - \$3,432	\$3,983 - \$4,645	90%			
350%	\$3,433 -- above	\$4,646 -- above	100%			

The Recommended Consumer Contribution Schedule may only be shared with service recipients who are above poverty and receive a Type I service(s). \*Voluntary contributions made toward the cost of services received are not tax deductible.

*\*\* Percentage of Poverty represents monthly incomes at poverty level and above (Note: Reference 10A NCAC 051 .0101)*